



#24

PATENT

Attorney Docket No.: CIT1520-1

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Sternberg et al.
Serial No.: 09/479,467
Filed: January 6, 2000
Title: POLYCYSTIC KIDNEY DISEASE GENE HOMOLOGS REQUIRED FOR
MALE MATING BEHAVIOR IN NEMATODES AND ASSAYS BASED
THEREON

Art Unit: 1632
Examiner: Paras, P.

BOX DAC

Commissioner for Patents
Washington, D.C. 20231

PETITION FOR EXTENSION OF TIME

Sir:

This is a request under the provisions of 37 C.F.R. § 1.136(a) to extend the period for responding to the Final Office Action mailed July 31, 2001.

The requested extension is for three (3) months, extending the period for response to January 31, 2002.

RECEIVED

JUN 05 2002

OFFICE OF PETITIONS

06/05/2002 AMONDAF1 00000051 501355 09479467
02 FC:217 460.00 OP

Adjustment date: 07/22/2002 AKELLEY
06/05/2002 AMONDAF1 00000051 09479467
02 FC:217 -460.00 OP

Repln. Ref: 07/22/2002 AKELLEY 0009305600
DA: 501355 Name/Number: 09479467
FC: 704 \$460.00 CR

EXPRESS MAIL Number: EV 047 297 670 US

Date of Deposit: MAY 30, 2002

I hereby certify that this paper is being deposited with the United States Postal Service "EXPRESS MAIL Post Office to Addressee" service under 37 C.F.R. § 1.10 on the date indicated above and is addressed to: ATTN: BOX DAC, Commissioner for Patents, Washington, D.C. 20231

MIKHAL BAYLEY

(Name of Individual Depositing with P.O.)

(Signature of Individual Depositing with P.O.)

In re Application of :
Sternberg et al.
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Page 2

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Enclosed is check in the TOTAL amount of \$1,450.00 which includes \$370.00 for the CPA filing fee; \$620.00 for the petition fee to revive an unintentionally abandoned application; and \$460.00 for the three (3) month extension of time fee. The Commissioner is hereby authorized to charge any additional fees that may be associated with this communication, or credit any overpayment to Deposit Account No. 50-1355. A duplicate copy of the transmittal is enclosed.

Respectfully submitted,

Date: May 30, 2002



Lisa A. Haile, Ph.D.
Registration No. 38,347
Telephone: (858) 677-1456
Facsimile: (858) 677-1465

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San Diego, California 92121-2133
USPTO Customer Number 28213

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND																																																						
1 Date of Request: <u>7/19/02</u>		2 Serial/Patent # <u>09/479,467</u>																																																				
3 Please refund the following fee(s): <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width: 5%;"></td><td style="width: 40%;">Filing</td><td style="width: 15%;">4 PAPER NUMBER</td><td style="width: 15%;">5 DATE FILED</td><td style="width: 25%;">6 AMOUNT</td></tr> <tr><td></td><td>Amendment</td><td></td><td></td><td>\$</td></tr> <tr><td><input checked="" type="checkbox"/></td><td>Extension of Time</td><td>24</td><td>5/30/02</td><td>\$ 460.00</td></tr> <tr><td></td><td>Notice of Appeal/Appeal</td><td></td><td></td><td>\$</td></tr> <tr><td></td><td>Petition</td><td></td><td></td><td>\$</td></tr> <tr><td></td><td>Issue</td><td></td><td></td><td>\$</td></tr> <tr><td></td><td>Cert of Correction/Terminal Disc.</td><td></td><td></td><td>\$</td></tr> <tr><td></td><td>Maintenance</td><td></td><td></td><td>\$</td></tr> <tr><td></td><td>Assignment</td><td></td><td></td><td>\$</td></tr> <tr><td></td><td>Other</td><td></td><td></td><td>\$</td></tr> </table>		Filing	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT		Amendment			\$	<input checked="" type="checkbox"/>	Extension of Time	24	5/30/02	\$ 460.00		Notice of Appeal/Appeal			\$		Petition			\$		Issue			\$		Cert of Correction/Terminal Disc.			\$		Maintenance			\$		Assignment			\$		Other			\$	7 TOTAL AMOUNT OF REFUND <div style="border: 1px solid black; padding: 5px; display: inline-block; margin-left: 20px;">\$ 460.00</div>			
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10 REASON: <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width: 5%;"></td><td style="width: 40%;">Overpayment</td></tr> <tr><td></td><td>Duplicate Payment</td></tr> <tr><td><input checked="" type="checkbox"/></td><td>No Fee Due (Explanation):</td></tr> </table>			Overpayment		Duplicate Payment	<input checked="" type="checkbox"/>	No Fee Due (Explanation):	8 TO BE REFUNDED BY: <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width: 5%;"></td><td style="width: 40%;">Treasury Check</td></tr> <tr><td><input checked="" type="checkbox"/></td><td>Credit Deposit A/C #:</td></tr> <tr> <td></td> <td style="border: 1px solid black; text-align: center; padding: 5px;"> 5 0 -- 1 3 5 5 </td> </tr> </table>				Treasury Check	<input checked="" type="checkbox"/>	Credit Deposit A/C #:		5 0 -- 1 3 5 5																																						
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Petitioner submitted an extension of time beyond the maximum period available for reply.																																																						
11. REFUND REQUESTED BY:																																																						
TYPED/PRINTED NAME: <u>Cliff Congo</u>		TITLE: <u>Petitioner's Attorney</u>																																																				
SIGNATURE: <u>[Signature]</u>		PHONE: <u>305-0272</u>																																																				
OFFICE: <u>Petitioner's</u>																																																						
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APPROVED: <u>[Signature]</u>		DATE: <u>7/22/02</u>																																																				

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: